



General

Guideline Title

Preventive activities in children and young people. In: Guidelines for preventive activities in general practice, 8th edition.

Bibliographic Source(s)

Preventive activities in children and young people. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 17-25.

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The levels of evidence (I-IV, Practice Point) and grades of recommendations (A-D) are defined at the end of the "Major Recommendations" field.

Age-related Health Checks in Children and Young People

Age	What Should Be Done?	References
Neonatal	<ul style="list-style-type: none"> Vitamin K and immunisation as per the Australian Government Department of Health and Ageing <i>Australian Immunisation Handbook</i> at www.immunise.health.gov.au <input type="text"/> <p>(A)</p>	
	<p>Assessment</p> <ul style="list-style-type: none"> Metabolic screen (IV,B) 	National Health and Medical Research Council (NHMRC), 2002
	<ul style="list-style-type: none"> Nutrition assessment: review feeding method. Support and appropriately promote breastfeeding (C) (see Table 3.3, comment a, in the original guideline document). New NHMRC guidelines expected in 2012. 	NHMRC, 2003

Age	What Should Be Done?	References
	<ul style="list-style-type: none"> Universal hearing assessment see www.health.nsw.gov.au/initiatives/swish/index.asp <input type="text"/> and www.aussiedeafkids.org.au/newborn-hearing-screening.html <input type="text"/> 	
	<ul style="list-style-type: none"> Physical exam as outlined in the Child Health Record (C) (see Table 3.3, comment b, in the original guideline document) 	NSW Health, 2008
	<ul style="list-style-type: none"> Identify family strengths, elicit concerns and promote parental confidence, competence and mental health (C) 	The Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2010
	<p>Preventive Counselling and Advice</p> <ul style="list-style-type: none"> Injury prevention: promote safety from accidental and non-accidental injury. This includes the risks to baby of passive smoking, sudden infant death syndrome (SIDS) and ultraviolet (UV) exposure (III,B) 	NSW Health, 2008
	<ul style="list-style-type: none"> Settling (Practice Point) Maternal health (Practice Point) 	
2, 4, 6 months	<ul style="list-style-type: none"> Immunisation as per the Australian Government Department of Health and Ageing <i>Australian Immunisation Handbook</i> at www.immunise.health.gov.au <input type="text"/> (A) 	
	<p>Assessment</p> <ul style="list-style-type: none"> Physical exam as outlined in the Child Health Record (C) (see Table 3.3, comment b, in the original guideline document) 	NSW Health, 2008
	<ul style="list-style-type: none"> Nutrition assessment: promote breastfeeding appropriately. Introduction of solids: be aware of conflicting expert advice concerning the best age at which to introduce solids (B) (see Table 3.3, comment a, in the original guideline document). New NHMRC guidelines expected in 2012. 	NHMRC, 2003; The Australasian Society of Clinical Immunology and Allergy, 2010
	<ul style="list-style-type: none"> Developmental progress including vision and hearing (see Table 3.3, comment c, in the original guideline document) 	RANZCP, 2010
	<ul style="list-style-type: none"> Quality of child-parent relationship (C) 	RANZCP, 2010; Sanders et al., 2007
	<ul style="list-style-type: none"> When the baby is presented as a 'problem' assess parental mental health, family functioning (including the possibility of domestic violence) and social support (C) (see Table 3.3, comment d, in the original guideline document) 	
	<ul style="list-style-type: none"> Encourage discussion related to physical activity recommendations (B) 	Australian Government Department of Health

Age	(see Table 3.3, comment e, in the original guideline document) What Should Be Done?	and Ageing (AGDHA), 2007 References
	Preventive Counselling and Advice <ul style="list-style-type: none"> • Injury prevention – promote safety from accidental and non-accidental injury, includes the risks to baby of passive smoking, SIDS, UV exposure, water, home environment (III,B) 	NSW Health, 2008; Clamp & Kendrick, 1998; Kendrick, 1999
	<ul style="list-style-type: none"> • Settling (Practice Point) • Maternal health (Practice Point) • Teething (Practice Point) • Play (Practice Point) 	
12 & 18 months	Assessment <ul style="list-style-type: none"> • 'Lift the lip' dental check (C) (see Table 3.3, comment f, in the original guideline document) 	NSW Health, 2009; Rogers, 2011
	<ul style="list-style-type: none"> • Nutrition and physical activity (B) (see Table 3.3, comment e, in the original guideline document. New NHMRC guidelines expected in 2012. 	NHMRC, 2003; AGDHA, 2007
	<ul style="list-style-type: none"> • Risk of iron depletion and vitamin D deficiency (C) 	Li et al., 2006; National Institute for Health and Clinical Excellence, 2011
	<ul style="list-style-type: none"> • Developmental progress including vision and hearing (see Table 3.3, comment c, in the original guideline document) 	
	<ul style="list-style-type: none"> • Family functioning, dysfunction (including domestic violence) and the social environment (C) (see Table 3.3, comments h and I, in the original guideline document) 	RANZCP, 2010; Sanders et al., 2007
	Preventive Counselling and Advice <ul style="list-style-type: none"> • Social and emotional wellbeing (Practice Point) 	RANZCP, 2010; Sanders et al., 2007
	<ul style="list-style-type: none"> • Toilet training (Practice Point) • Behaviour and behaviour management techniques (Practice Point) 	
2 years	<ul style="list-style-type: none"> • Immunisation as per the Australian Government Department of Health and Ageing <i>Australian Immunisation Handbook</i> at www.immunise.health.gov.au <input type="text"/> (A) 	
	Assessment <ul style="list-style-type: none"> • Physical exam as outlined in the Child Health Record (C) (see Table 3.3, comments b and g, in the original guideline document) • Developmental progress including vision and hearing (see Table 3.3, comment c, in the original guideline document) 	NSW Health, 2008

Age	What Should Be Done?	References
	<ul style="list-style-type: none"> • 'Lift the lip' dental check (C) (see Table 3.3, comment f, in the original guideline document) 	NSW Health, 2009; Rogers, 2011
	<ul style="list-style-type: none"> • Nutrition and physical activity (B) (see Table 3.3, comment e, in the original guideline document). New NHMRC guidelines expected in 2012. • Emerging behavioural or emotional problems (C) 	NHMRC, 2003; AGDHA, 2007
	<ul style="list-style-type: none"> • When the child presents with behavioural or emotional problems consider family functioning (including the possibility of domestic violence) and the family environment more generally (C) (see Table 3.3, comments h and I, in the original guideline document) 	RANZCP, 2010; Sanders et al., 2007
	Preventive Counselling and Advice <ul style="list-style-type: none"> • Injury prevention (III,B) 	NSW Health, 2008; Clamp & Kendrick, 1998; Kendrick, 1999
	<ul style="list-style-type: none"> • Sun protection (Practice Point) 	
	<ul style="list-style-type: none"> • Social and emotional wellbeing (C) 	RANZCP, 2010; Sanders et al., 2007
3 years	<p>Assessment</p> <ul style="list-style-type: none"> • Check vision (B) (see Table 3.3, comment j, in the original guideline document) <p>The Universal Child Health Check at age 3 years will replace the current Healthy Kids check at age 4 years. To be introduced by the Australian Government in 2013. Details not available at the time of publication.</p>	US Preventive Services Task Force (USPSTF), 2011
4 years	<ul style="list-style-type: none"> • Immunisation as per the Australian Government Department of Health and Ageing <i>Australian Immunisation Handbook</i> at www.immunise.health.gov.au (A) 	
	Healthy Kids Check (see Table 3.3, comment k, in the original guideline document)	AGDHA (Medicare item number 701), 2012; AGDHA (Medicare item number 703), 2012; AGDHA (Medicare item number 705), 2012; AGDHA (Medicare item number 707), 2012
	<p>Assessment</p> <ul style="list-style-type: none"> • Physical assessment (B) (see Table 3.3, comment k, in the original guideline document) 	
	<p>Also recommended</p> <ul style="list-style-type: none"> • Developmental and emotional progress (see Table 3.3, comment c, in the original guideline document) 	
	<ul style="list-style-type: none"> • 'Lift the lip' dental check (C) (see Table 3.3, comment f, in the original guideline document) 	NSW Health, 2009; Rogers, 2011

Age	What Should Be Done?	References
	<ul style="list-style-type: none"> Nutrition and physical activity (B) (see Table 3.3, comment e, in the original guideline document). New NHMRC guidelines expected in 2012. 	NHMRC, 2003; AGDHA, 2007
	<ul style="list-style-type: none"> Assess the quality of family functioning when there are emotional or behavioural problems (C) (see Table 3.3, comments h and I, in the original guideline document) 	RANZCP, 2010; Sanders et al., 2007
	Preventive Counselling and Advice <ul style="list-style-type: none"> Injury prevention (III,B) 	Clamp & Kendrick, 1998; Kendrick, 1999
	<ul style="list-style-type: none"> Sun protection (Practice Point) 	
	<ul style="list-style-type: none"> Social and emotional wellbeing (C) 	RANZCP, 2010; Sanders et al., 2007
6–13 years	Assessment <ul style="list-style-type: none"> Growth velocities including body mass index (BMI) opportunistically (B) 	USPSTF, 2010
	<ul style="list-style-type: none"> Discussion relating to progress at school (C) 	RANZCP, 2010
	<ul style="list-style-type: none"> 'Lift the lip' dental check (C) (see Table 3.3, comment f, in the original guideline document). Encourage regular dental reviews 	NSW Health, 2009; Rogers, 2011
	<ul style="list-style-type: none"> Nutrition and physical activity (B) (see Table 3.3, comment e, in the original guideline document). New NHMRC guidelines expected in 2012. 	NHMRC, 2003; AGDHA, 2007
	<ul style="list-style-type: none"> Family functioning and family environment (C) (see Table 3.3, comments h and i, in the original guideline document) Anticipate and look for emerging behavioural or emotional problems (C) 	RANZCP, 2010; Sanders et al., 2007
	Preventive Counselling and Advice <ul style="list-style-type: none"> Injury prevention (II) 	Clamp & Kendrick, 1998; Kendrick, 1999
	<ul style="list-style-type: none"> Sun protection 	
	<ul style="list-style-type: none"> Social and emotional wellbeing (C) 	RANZCP, 2010; Sanders et al., 2007
14–19 years	<ul style="list-style-type: none"> Immunisation as per the Australian Government Department of Health and Ageing <i>Australian Immunisation Handbook</i> at 	

Age	What Should Be Done? www.immunise.health.gov.au (A)	References
	<p>Assessment</p> <ul style="list-style-type: none"> Growth velocities including BMI opportunistically (B) (see Table 3.3, comment l, in the original guideline document) 	USPSTF, 2010; National Collaborating Centre for Primary Care, 2006
	<ul style="list-style-type: none"> Nutrition and physical activity (B) (see Table 3.3, comment e, in the original guideline document). New NHMRC guidelines expected in 2012. Screen sexually active young people for chlamydia. See the NGC summary of the Royal Australian College of General Practitioners guideline Communicable diseases. 	NHMRC, 2003; AGDHA, 2007
	<ul style="list-style-type: none"> Screening of adolescents (age 12–18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive–behavioural or interpersonal), and follow-up (B) (see Table 3.3, comment m, in the original guideline document) 	USPSTF, 2009
	<p>Preventive Counselling and Advice</p> <ul style="list-style-type: none"> Injury prevention – harm minimisation (C) (see Table 3.3, comment n, in the original guideline document) 	RANZCP, 2010; Clamp & Kendrick, 1998; Kendrick, 1999
	<ul style="list-style-type: none"> Sun protection 	
	<ul style="list-style-type: none"> Social and emotional wellbeing (II,C) 	RANZCP, 2010; Sanders et al., 2007
	<ul style="list-style-type: none"> Oral health Advocate for models of care that facilitate the transition of young people with chronic disease or disability from tertiary paediatric care to effective primary care with access to adult specialist care 	NSW Health, 2009; Rogers, 2011

Age-related Physical Assessment in Children and Young People

Age	Required Physical Assessment
Neonatal	<ul style="list-style-type: none"> Weight Length Head circumference Head shape, including fontanelle Mouth/palate, facies and ears Eyes: observation, appearance and red reflexes Neurological and developmental status, including responsiveness and tone Cardiovascular status Umbilicus Skin Femoral pulse (for radio-femoral delay) Hips (Barlow and Ortolani), limbs, joints, hands (palmar creases), feet (for talipes)

Age	Required Physical Assessment
	<ul style="list-style-type: none"> • Genitalia, testes, anal region • Any parental concerns?
2, 4 & 6 months	<ul style="list-style-type: none"> • Weight • Length • Head circumference • Eyes: observation, fixation and following • Cardiovascular status • Umbilicus • Skin • Femoral pulse • Hips, limbs, joints • Genitalia, testes, anal region • Oral health, 'lift the lip' from age 6 months • Developmental progress • Any parental concerns?
12 & 18 months	<ul style="list-style-type: none"> • Weight velocity • Height velocity • Head circumference velocity • Eyes and vision: observation, fixation and following, corneal light reflex • Testes • Oral health, 'lift the lip' • Developmental progress • Any parental concerns?
2 years	<ul style="list-style-type: none"> • Weight velocity • Length velocity • Head circumference velocity • Evaluate gait • Oral health, 'lift the lip' • Assess development and behaviour • Any parental concerns?
3 years	<ul style="list-style-type: none"> • Vision screening • The Universal Child Health Check at age 3 years will replace the current Healthy Kids check at age 4 years. To be introduced by the Australian Government in 2013. Details not available at the time of publication
4 years	<ul style="list-style-type: none"> • As outlined by the Health Kids Check: <ul style="list-style-type: none"> • Height and weight (plot and interpret growth curve/calculate body mass index [BMI]) • Eyesight • Hearing • Oral health (teeth and gums) • Toileting • Allergies
6–13 years	<ul style="list-style-type: none"> • Weight and height (plot and interpret growth curve and calculate BMI)

14–19 Age years	• Weight and height (plot and interpret growth curve and calculate BMI) Required Physical Assessment

Please see the original guideline document for more information on explanatory notes for Practice Points.

Definitions:

Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls: <ul style="list-style-type: none"> • Non-randomised, experimental trial • Cohort study • Case-control study • Interrupted time series with a control group
III–3	Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none"> • Historical control study • Two or more single arm study • Interrupted time series without a parallel control group
IV	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

General physical health and wellbeing

Guideline Category

Counseling

Evaluation

Prevention

Risk Assessment

Screening

Clinical Specialty

Family Practice

Infectious Diseases

Pediatrics

Preventive Medicine

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Public Health Departments

Social Workers

Guideline Objective(s)

- To facilitate evidence-based preventive activities in children and young people in primary care
- To provide a comprehensive and concise set of recommendations for patients in general practice with additional information about tailoring risk and need
- To provide the evidence base for which primary healthcare resources can be used efficiently and effectively while providing a rational basis to ensure the best use of time and resources in general practice

Target Population

Australian neonates, infants, and children up to 19 years of age, including Aboriginal and Torres Strait Islander children

Interventions and Practices Considered

1. Vitamin K and immunisation as per the Australian Government Department of Health and Ageing *Australian Immunisation Handbook*
2. Metabolic screen in neonates
3. Nutrition and physical activity assessment

4. Supporting and appropriately promoting breastfeeding
5. Universal hearing assessment in neonates
6. Physical exam
7. Identifying family strengths, eliciting concerns, and promoting parental confidence, competence and mental health
8. Assessment of family functioning and dysfunctioning
9. Preventive counselling and advice (e.g., injury prevention, risks of passive smoking, sudden infant death syndrome [SIDS] and ultraviolet [UV] exposure, settling, maternal health, teething, play, toilet training, behaviour management)
10. Developmental progress, including vision and hearing
11. Assessing quality of parent-child relationship
12. Encouraging physical activity
13. Dental and oral health checks
14. Growth velocities including body mass index (BMI)
15. Assessment of school progress
16. Screening sexually active young people for chlamydia
17. Screening of adolescents (age 12–18 years) for major depressive disorder

Major Outcomes Considered

- Disease prevention
- Health promotion

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Sources of Recommendations

The recommendations in these guidelines are based on current, evidence-based guidelines for preventive activities. The Taskforce focused on those most relevant to Australian general practice. Usually this means that the recommendations are based on Australian guidelines such as those endorsed by the National Health and Medical Research Council (NHMRC).

In cases where these are not available or recent, other Australian sources have been used, such as guidelines from the Heart Foundation, Canadian or United States preventive guidelines, or the results of systematic reviews. References to support these recommendations are listed. However, particular references may relate to only part of the recommendation (e.g., only relating to one of the high-risk groups listed) and other references in the section may have been considered in formulating the overall recommendation.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls: <ul style="list-style-type: none">• Non-randomised, experimental trial• Cohort study• Case–control study• Interrupted time series with a control group
III–3	Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none">• Historical control study• Two or more single arm study• Interrupted time series without a parallel control group
IV	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

These *Guidelines for preventive activities in general practice*, 8th edition, have been developed by a taskforce of general practitioners (GPs) and experts to ensure that the content is the most valuable and useful for GPs and their teams. The guidelines provide an easy, practical and succinct resource. The content broadly conforms to the highest evidence-based standards according to the principles underlying the Appraisal of Guidelines Research and Evaluation.

The dimensions addressed are:

- Scope and purpose
- Clarity of presentation
- Rigour of development
- Stakeholder involvement
- Applicability

- Editorial independence

The Red Book maintains developmental rigour, editorial independence, relevance and applicability to general practice.

Screening Principles

The World Health Organization (WHO) has produced guidelines for the effectiveness of screening programs. The Taskforce has kept these and the United Kingdom National Health Services' guidelines in mind in the development of recommendations about screening and preventive care.

Rating Scheme for the Strength of the Recommendations

Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Not stated

Evidence Supporting the Recommendations

References Supporting the Recommendations

Australian Government Department of Health and Ageing (AGDHA). Australia's physical activity recommendations for children and young people. [internet]. Canberra: AGDHA; 2007 [accessed 2012 Jun 01].

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Clamp M, Kendrick D. A randomised controlled trial of general practitioner safety advice for families with children under 5 years. *BMJ*. 1998 May 23;316(7144):1576-9. [PubMed](#)

Kendrick D, Marsh P, Fielding K, Miller P. Preventing injuries in children: cluster randomised controlled trial in primary care. *BMJ*. 1999 Apr 10;318(7189):980-3. [PubMed](#)

Li M, Waite KV, Ma G, Eastman CJ. Declining iodine content of milk and re-emergence of iodine deficiency in Australia. *Med J Aust*. 2006 Mar 20;184(6):307. [PubMed](#)

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Sanders MR, Ralph A, Thompson R, Sofronoff K, Gardiner P, Bidwell K, et al. Every family: a public health approach to promoting children's wellbeing. Final report. Brisbane: University of Queensland; 2007.

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The Royal Australian and New Zealand College of Psychiatrists. Report from the Faculty of Child and Adolescent Psychiatry. Prevention and early intervention of mental illness in infants, children and adolescents: planning strategies for Australia and New Zealand. Melbourne: RANZCP; 2010.

US Preventive Services Task Force. Screening for major depressive disorder in children and adolescents: topic page. [internet]. Rockville (MD): USPSTF; 2009 [accessed 2012 Jun 01].

US Preventive Services Task Force. Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement. *Pediatrics*. 2010 Feb;125(2):361-7. [19 references] [PubMed](#)

US Preventive Services Task Force. Screening for visual impairment in children ages 1 to 5 years: topic page. [internet]. Rockville (MD): USPSTF; 2011 [accessed 2012 Jun 01].

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for selected recommendations (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- Lifelong health and wellbeing
- Disease prevention
- Health promotion

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.
- Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.
- Accordingly, the Royal Australian College of General Practitioners and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.
- These guidelines have not included detailed information on the management of risk factors or early disease (e.g., what medications to use in treating hypertension). Similarly, they have not made recommendations about tertiary prevention (preventing complications in those with established disease). Also, information about prevention of infectious diseases has been limited largely to immunisation and some sexually transmitted infections (STIs).

Implementation of the Guideline

Description of Implementation Strategy

For preventive care to be most effective, it needs to be planned, implemented and evaluated. Planning and engaging in preventive health is increasingly expected by patients. The Royal Australian College of General Practitioners (RACGP) thus provides the Red Book and *National guide to inform evidence-based guidelines*, and the Green Book (see the "Availability of Companion Documents" field) to assist in development of programs of implementation. The RACGP is planning to introduce a small set of voluntary clinical indicators to enable practices to monitor their preventive activities.

Implementation Tools

Chart Documentation/Checklists/Forms

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

This guideline has been partially adapted from Australian, Canadian, United Kingdom, and/or United States preventive guidelines.

Date Released

2012

Guideline Developer(s)

Royal Australian College of General Practitioners - Professional Association

Source(s) of Funding

Royal Australian College of General Practitioners

Guideline Committee

Red Book Taskforce

Composition of Group That Authored the Guideline

Taskforce Members: Dr Evan Ackermann (*Chair*), Chair, National Standing Committee for Quality Care, RACGP; Professor Mark Harris, Centre for Primary Health Care and Equity, University of New South Wales, National Standing Committee for Quality Care, RACGP; Dr Karyn Alexander, General practitioner, Victoria; Dr Meredith Arcus, General practitioner, Western Australia; Linda Bailey, Project Manager, Red Book Taskforce; Dr John Bennett, Chair, National Standing Committee for e-Health, RACGP; Associate Professor Pauline Chiarelli, School of Health Sciences, University of Newcastle, New South Wales; Professor Chris Del Mar, Faculty of Health Sciences and Medicine, Bond University, Queensland; Professor Jon Emery, School of Primary, Aboriginal and Rural Health Care, The University of Western Australia, National Standing Committee for Research, RACGP; Dr Ben Ewald, School of Medicine and Public Health, University of Newcastle, New South Wales; Dr Dan Ewald, General practitioner, New South Wales, Adjunct Associate Professor, Northern Rivers University Centre for Rural Health, and Clinical Advisor North Coast NSW Medicare Local; Professor Michael Fasher, Adjunct Associate Professor, University of Sydney, and Conjoint Associate Professor, University of Western Sydney, New South Wales; Dr John Furler, Department of General Practice, The University of Melbourne, Victoria; Dr Faline Howes, General practitioner, Tasmania; Dr Caroline Johnson, Department of General Practice, The University of Melbourne, Victoria, National Standing Committee for Quality Care, RACGP; Dr Beres Joyner, General practitioner, Queensland; Associate Professor John Litt, Department of General Practice, Flinders University, South Australia, Deputy Chair, National Standing Committee for Quality Care, RACGP; Professor Danielle Mazza, Department of General Practice, School of Primary Care, Monash University, Victoria, National Standing Committee for Quality Care, RACGP; Professor Dimity Pond, School of Medicine and Public Health, University of Newcastle, New South Wales; Associate Professor Lena Sanci, Department of General Practice, The University of Melbourne, Victoria; Associate Professor Jane Smith, Faculty of Health Sciences and Medicine, Bond University, Queensland; Dr Tania Winzenberg, Deputy Chair, National Standing Committee for Research, RACGP

Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .

Availability of Companion Documents

The following are available:

- Preventive activities over the lifecycle – adults. Preventive activities over the lifecycle – children. Electronic copies: Available in Portable

Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .

- Putting prevention into practice (green book). East Melbourne (Australia): Royal Australian College of General Practitioners; 2006. 104 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .
- National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. 100 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .

In addition, the "Red Flag" early intervention referral guide for children 0–5 years is available in the appendices of the [original guideline document](#) .

Patient Resources

None available

NGC Status

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